

State of Hawaii – Insurance Division

☐ **NOTICE OF ADDRESS CHANGE¹**

☐ **NOTICE OF NAME CHANGE²**

(Please Print or Type)

*Full and exact name as shown on License:		
Trade Name (dba) if applicable:		
	*License Number:	*Vendor ID Number:

_____	_____	_____
*Signature of individual licensee or agency's designated representative	*Print name of signer	*Date signed

² NEW NAME OF LICENSEE:

¹ NEW BUSINESS ADDRESS TO BE PRINTED ON LICENSE:			
Physical Street (P.O. is not acceptable):			
City	State:	Zip or Foreign Country:	
Business Phone Number:	Business Fax Number:	Business E-Mail Address:	Business Web Site Address:
NEW MAILING ADDRESS			
Street or P. O. Box:			
City	State:	Zip or Foreign Country:	
NEW HOME ADDRESS			
Physical Street (P.O. is not acceptable):			
City	State:	Zip or Foreign Country:	
Home Phone Number:			

* Required.

¹**Change of Business Address** Attach to this form: the original license.

²**Name Change of Individual** Attach to this form: a copy of legal document granting name change (e.g. marriage certificate, divorce decree) and original license.

²**Name Change of Business Entity** Attach to this form: proof that new business name is registered with Hawaii DCCA Business Registration Division, copy of amended Articles of Incorporation and original license.

²**Adding Trade Name** Attach to this form: proof that trade name is registered with Hawaii DCCA Business Registration Division, amended Articles of Incorporation and original license.

HAWAII INSURANCE DIVISION, ATTN: Licensing Branch, P. O. Box 3614, Honolulu HI 96811-3614
(Express mail only: 250 South King Street – Fifth Floor, Honolulu HI 96813-4586)